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### **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney D cket Number First Nam d Inventor		555255012482		
		GRIFFIN, J et al.		
COMPL	ETE II	KNOWN		
Application Number	10	658,952		
Filing Date	10 S	eptember 2003		
Group Art Unit				
Examiner Name				

	, in the state of the same of					
As a below named inventor, I he	reby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and names are listed below) of the sub						
Dual-Mode Keypad For a						
	(T)					
the specification of which	(Title of t	the Invention)				
n'						
is attached hereto						
OR	09/10/2003					
was filed on (MM/DD/YYYY)	09/10/2003	as United St	ates Application	Number or PCT International		
	<u> </u>					
Application Number 10/658,95	2 and was a	amended on (MM/DD/YY	YY)	(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or						
PC1 international filing date of the	continuation-in-part app	plication.				
I hereby claim foreign priority ben or plant breeder's rights certificat	e(s), or 365(a) of anv F	PCT international applica	tion which desia	nated at least one country other		
than the United States of Americ patent, inventor's or plant breede	r's rights certificate(s), c	ve also identified below, or any PCT international	by checking the application having	box, any foreign application for ng a filing date before that of the		
application on which priority is clai  Prior Foreign Application	med.	Foreign Filing Date	Priority	Certified Copy Attached?		
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO		
	:					
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:		

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# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Lat			OR V Co.	prespondence address below
David B. Cochran, Esq. Name				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :	A petition h	nas been f	filed for this un	signed inventor
Given Name Jason (first and middle [if any])		Griffin Family Name or Surname		
Inventor's Signature Date				· ·
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295 Phillip Street Mailing Address				
City	State Ontario	ZII	N2L 3W8	Country CANADA
NAME OF SECOND INVENTOR:	Apetition har	s been file	ed for this unsig	gned inventor
Given Name Mihal (first and middle [if any])		Family Nar	nme Lazaridis	*
Inventor's Signature				Date Oct - 3/03
Waterloo Residence: City	Ontario State	CA Count	ANADA	Canadian Citizenship
Mailing Address 295 Phillip Street			·-	
Waterloo City	Ontario State	ZIP	N2L 3W8	CANADA Country
Additional inventors are being named on the 1 s	supplemental Additic	onal Inventor	r(s) sheet(s) PTO	/SB/02A attached hereto.

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## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

·					
Name of Additional Joint Inventor, if an	y:		A petition has been file	ed for th	is unsigned inventor
Frank Given Name	_		Tynesk mily Name Surname	i <b>i</b>	
Inventor's Signature	?			•	007 2 , 2003 Date
Ktichener Residence: City	Ontario State	C	Canada cuntry		J.S. Citizenship
295 Phillip Street Mailing Address					
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Given Name			amily Name r Surname		
Inventor's Signature		-			Date
Residence: City	State	С	ountry		Citizenship
Mailing Address					
Mailing Address					
City	State	_   ;	ZIP	Country	<i>!</i>
Name of Additional Joint Inventor, if any:					unsigned inventor
Given Name			ily Name urname		
Inventor's Signature				·	Date
Residence: City	State		Country		Citizenship
Mailing Address					
Mailing Address					
City	State		ZIP	С	untry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/658,952
Filing Date	10 September 2003
First Named Inventor	GRIFFIN, J. et al.
Title	Dual-Mode Keypad For
Group Art Unit	,
Examiner Name	
Attorney Docket Number	555255-012-482

I hereby appoint:						
Practitioners at 0	Customer Number	Place Customer Number Bar Code Label here				
Practitioner(s) na	med below:					
	Name	Registration Number				
Krishna K. P		44435				
Robert C. Li	ang, Esq.	48091				
***Please se	e attached sheet***					
	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
☐ The above-mention OR ☐ Practitioners at Cus OR	espondence address for the above-identined Customer Number.	Place Customer Number Bar Code Label here				
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I am the: Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of Applicant or Assigne	e of Record				
Name Mihal J	azaridis, President and Co-CEO, on bel	half of Research In Motion Limited				
Signature Min Signature						
Date 03/03						
NOTE: Signatures of all the inver forms if more than one signature	ators or assignees of record of the entire interest or is required, see below.	or their representative(s) are required. Submit multi	ple			
☑ *Total of <u>2</u> for	ms are submitted. (PTO/SB/81 (02-01) and *Supplementa	al Page Listing Additional Agents of Record)				

#### **DUAL-MODE KEYPAD FOR A MOBILE DEVICE**

#### \* SUPPLEMENTAL PAGE LISTING ADDITIONAL AGENTS OF RECORD

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